

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/418546 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		1				
5		1				
6		1				
7		1				
8		1				
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47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS		30				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
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